

Improving the Referral and Prior Authorization Process for Non Health System Orders

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Abstract

The purpose of this project was to identify the current process and identify if there are areas of improvement of the Financial Clearance, Outside Order Control position at Wentworth Douglass Hospital. The Outside Order Control role receives orders from practices not within Epic software, verifies the order, and passes on to the scheduling department. There was a need for this research at Wentworth Douglass because one of their main initiatives was to reduce prior authorization denials. Methods included shadowing the position and connecting with managers over equivalent departments at Mass General Hospital to determine differences between Wentworth Douglass and their processes. Areas of improvement identified were for Wentworth Douglass staff to obtain authorizations for any orders missing one, versus returning to practices. In research it was also identified that Wentworth had the opportunity to register outside providers to an online portal to send orders directly into the Epic system.

The healthcare organization that the project is serving is Wentworth Douglass Hospital (WDH) and Wentworth Health Partners (WHP), a community hospital network located in Seacoast, NH. Wentworth Douglass Hospital is a not for profit 178 bed hospital, with multiple urgent care centers, testing facilities and 36 Wentworth Health Partners primary and specialty care practices. Wentworth Douglass Hospital is a part of the Mass General Brigham (MGB) system, therefore orders from any MGB facility are considered internal orders. A non health system order is any order that is received by the facility not through the hospital software system or hospital EHR.

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Aim of Project

The aim of this project is to research and identify the current process for orders that come into the WDH system from outside physicians and healthcare networks. The orders from outside of the WDH/MGB network are referred to as “outside orders” and are orders that do not come through Epic, the healthcare software of this organization. Once the current process for outside orders is identified the goal is to research process improvements to align this process to closer match the process used for internal orders. Not only will the goal be to align to the process for internal orders, but will also be to closer align with how other MGB facilities handle outside orders. Once improvements are identified the final goal is to create a proposal of process mitigations that will not only be most beneficial financially and efficiently for the organization, but will also benefit the patient’s experience as well.

Background

In a 2021 study by Safefhome.org, it was identified that health and finances are two of the top consistent worries for Americans (Safe Home, 2021). A healthcare service is a factor that will contribute to both of those worries. In order for the healthcare system to have the most positive impact on a person’s life it should provide excellent healthcare and healthcare results. In addition to adequate care, they must also take all of the proper steps to ensure the financial burden to patient’s as minimal as possible (within their control). Although from the outside it may appear that a patient’s healthcare experience ends when their service is finished, it actually ends when their hospital claim is finalized by their insurance company and they receive a bill. The cost between a covered and non covered service can be extreme and will affect the perception of the experience. Healthcare finances and the ability to provide services are affected

majorly by the rules and regulations of insurance companies. To create the least financial burden on patients and the highest revenue for the organization the revenue departments must follow all the requirements of the insurance companies to ensure proper reimbursement.

Insurance companies have many different service and reimbursement requirements. These requirements span across the timeline of the service; they occur before, during and after care for proper reimbursement. Reimbursement is important to healthcare organizations not only financially but it is required to continue to provide services to the people in their community, if they do not maintain acceptable finances they will not be able to stay afloat to provide those services. The revenue cycle and ability to provide proper patient care go hand in hand in the function of a healthcare system. One of the most influential aspects of healthcare finance and reimbursement is prior authorization. Prior authorization is highly influential because it determines whether the patient will receive the service covered under their insurance or not. If prior authorization is denied patients must decide between not having the ordered service or paying out of pocket for the service which can be extremely costly.

Healthcare systems must have highly organized workflows to ensure that they are meeting all of the requirements for reimbursement by insurance companies. These workflows typically depend on coordination between multiple departments, both clinical departments and departments of the revenue cycle. To maintain organization across healthcare systems many organizations use electronic health records and healthcare software. The addition of these two items to a system allow for access to data across the organization and standardized processes between practices/departments. In 2016, The European Journal of Public Health published a meta-analysis of 47 studies that concluded that organizations that implemented EHR had 30% higher guideline adherence rate (Campanella et al., 2016). Adhering to and putting in place a

standardized process between departments that are a part of one organization is very doable and as shown above allows for a higher guideline adherence rate. The factor that makes following a standardized process for a facility, especially a hospital network is that they do not only treat patients that are referred by doctors within their organization network.

In most areas, especially areas with higher population levels there are many hospital networks and private practices. Hospital networks typically require or ask their physicians to refer patients for services within their own network. Internal referral is important for patient retention and increased finances. There are many factors that decide where private practices and unassociated practices refer their patients to for specialty care or procedures. This can depend on their personal preference, where their doctors have attending rights, insurance networks or patient preference. When a private practice refers a patient to an unassociated facility or organization they are likely not connected via EHR and healthcare software. These orders come over via many different methods depending on the organization and because they are not within the healthcare software they are not able to follow the standardized process that is put in place to ensure proper reimbursement and adequate patient care.

Framework

The framework for this project is Plan-Do-Study-Act (PDSA), this method is most frequently used to test a change that is being implemented (Agency of Healthcare Research and Quality, n.d.). This is the framework chosen because the goal of this project is to study a process and propose changes to the process. The PDSA is the exact process being used to identify the needs of the organization. For this project, not all aspects of PDSA will be completed. This report will focus on the areas of planning for the remainder of the framework. The remaining framework will become a collaboration between the author and the department. Once a plan is

proposed to the department, the author and department will work together with the site coordinator to implement the plan and determine if changes are effective for the organization and beneficial to patients.

Significance

When WDH became an affiliate of MGB there were many process improvements to the high level departments, including high level prior authorization. The process improvements did not include reviewing the process of outside orders and the workflow of the Order Control Financial Clearance Counselor (FCC). The Order Control FCC provided information that the current process does require orders to be returned to the outside provider due to lack of registration information or lack of authorization. He estimated that the hospital receives about 100-150 outside orders per business week (B. Nichols, personal communication, September 27, 2022). In a two week time frame he had to send back 34 outside orders in week one and 31 in the second week. In a two week period the need to return orders to the referring provider will cause a delay in care for at least 65 patients. This information from the Outside Order FCC provided the concrete data that there is a population of patients that is being negatively affected by the current process (B. Nichols, personal communication, October 18, 2022).

Organizational, Economic, Legal

In the above category this project has organizational significance. As mentioned prior, in order for the healthcare system to remain in business insurance is important. The processes to ensure proper reimbursement affect the organization as a whole because there are many different departments involved in patient care and reimbursement. Changing a major process like how orders and authorizations are processed will affect all of those departments. The project also has an impact economically but it is not significant. When reviewing and changing processes in a

healthcare system that have a financial impact the goal is to always positively impact finances. A positive impact on finances will ensure that the healthcare organization stays in business. This is important because the healthcare system has a huge economic influence on the surrounding community, especially in supplying jobs for the community. This project does not have a legal significance. A very internal process is being examined and laws surrounding healthcare are put into place at a much broader level than this project.

Ethical

The main significance of this project is ethical, the goal is to both streamline the process to ensure it is most efficient for the department but also to ensure it serves the patients appropriately. The process of orders and referrals for services is the gateway to a patient's service. It is the duty of the hospital or practice to provide the patient adequate and efficient patient care. If the process of outside orders is not as efficient as possible there is a population of patients affected. The lack of efficiency will affect the time frame in which a patient receives their services, which could in the long term affect a patient's overall health. The duty of the system is to improve the patient's health not cause hinderances to it. A lack of efficiency can also cause the patient to have a higher level financial burden. One or both of these factors can be influenced towards unethical patient care.

Financial

There are two aspects of finances that will be affected by this project. Increased efficiency in any aspect of the revenue cycle will increase revenue for the organization. Whether revenue is brought in on services that may have been missed and write-offs in the past or it is faster reimbursement because of decreased denial rates by insurance company's. When a claim does not receive a denial that means it will be reimbursed in a much faster time frame. A

decrease in write-offs will allow the organization to keep less financial reserves to cover costs of the organization.

The second financial aspect was mentioned above and this is the financial aspect that pertains to patients. Ensuring that a patient's service can and will be covered by their insurance company will ensure they are receiving their service in the most cost effective manner. An unauthorized or out of network procedure will mean that the patient has to decide between forgoing their requested service or pay out of pocket to have the service.

Methods

There are a few different methods being used to complete this project. This project is a process improvement project, therefore first the current process needs to be fully understood. To understand the current process in place for the Financial Clearance Order Control staff member, there were multiple job shadows completed over a two week period of time at the start of the project. During these job shadows, not only was the opportunity to identify the step by steps of the role completed, but I was also able to gather the opinion of the Order Control staff member as to what he believes the current challenges of his role are especially surrounding the current process. Shadowing of the current role allowed for a Visio to be completed as a visual to outline and compare the current process to any proposals for new processes. See Appendix for completed Visio.

After having the current process outlined and potential challenges identified this allowed for the next method to begin. The next method used to identify potential process improvements was to meet with respective Financial Clearance Managers from our affiliates at Mass General Brigham (MGB). One of the many reasons Wentworth Douglass benefits from being a MGB affiliate is that they have constant access to resources that work on a much larger scale than

them. Because MGB and MGH are much larger facilities than WDH it was discovered that there would be a few different managers to meet with in order to capture their processes for all of the services that the order control staff member covers.

First I met with the Financial Clearance Manager of MGH that oversees prior authorization of pain procedures and sleep studies. Although her expertise in pain procedures does not directly correlate to the WDH Order Control staff member's duties she was able to confirm that MGH does not return orders for sleep studies if they are lacking prior authorization regardless if referred by an affiliated or non affiliated provider. All outside and affiliated prior authorizations are completed by her team if upon receipt of the order they are not already completed (E. Babine, personal communication, October 18, 2022).

The second person I had the opportunity to meet with was the manager who oversees all scheduling and prior authorization teams for MGH (Operations Manager, Clinical Support Services MGH). He has been with the MGH organization for forty seven years, he was able to provide some great information as to where the organization started and where they are with processes now. At MGH their main source of receiving outside orders for their imaging department is through a web based portal. This portal is called Physician Gateway or Epic Carelink . Outside physicians sign up to use this portal, they log on to the web page, fill out the standardized order form for MGH and the order is then linked directly into an Epic Workqueue for the MGH scheduling and prior authorization team to work. They do not have all outside physicians using this portal but it is estimated that 80% do utilize it. The other 20% that do not use the portal use e-fax to fax over their orders, the orders are then scheduled and checked for prior authorization requirements by MGH staff. For both the portal and e-faxing, if prior

authorization is required this is completed by MGH staff and is not returned to the practice (A. White, personal communication, November 8, 2022).

The last method that will be used prior to the completion of this project is the connection this project has to a current OE project at Wentworth Douglass Hospital that I am also a core member on. The results of the OE project will directly affect the new process for the financial clearance order control staff member. The goal of this OE project is to standardize the process used by non affiliated practices to order surgical services at Wentworth Douglass. The outcomes of the OE project will likely be a standardized order form and process for all non-Epic using practices, a new standard operating procedure (SOP) for surgical schedulers, a new SOP for WDH surgical precertification staff and potentially a new SOP for the financial clearance order control staff member. Whether or not the financial clearance order control staff member will be affected will depend on the new SOP for the entire OE project. Although this OE project focuses on standardizing the process for the non- Epic practices, it will directly affect the new process proposal for this project. The OE project just began at the beginning of November 2022, as decisions are made throughout the OE project will determine when and how progress is made on the process proposal for this project.

Deliverables

The deliverables for this project will be a Visio proposal of a new standardized process for the Financial Clearance Order Control position. The above methods will be used to determine the best process to eliminate any previous challenges the position had. The Visio proposal will also include a presentation to Financial Clearance Managers and the Director of Revenue Services. This presentation will include the previous process, challenges of the previous process and process improvements that the proposal includes. Once the proposal is given to appropriate

stakeholders, it will be decided if we will move forward together on a trial run of the new process for the Order Control position or if any changes should be made to the proposal prior to moving forward with a trial implementation.

Project Results

Project Findings

After completing research and facility comparison amongst MGB facilities to determine the best steps for the Financial Clearance Order Control role at WDH, it was discovered that there are two paths that WDH can take to refine this role. Both paths will provide process improvements but one of the paths is more favorable over the other for ease of use and technology integration.

Project Result Option One: Hybrid Approach

A hybrid approach will be the most favorable option for WDH to move forward in their Order Control Role. This approach will be a very similar model to what MGB uses in their Imaging Department. In this method, WDH will work with the MGB eCare and Applications team to create a version of MGH Physician Gateway (Epic Carelink) that is specifically used for WDH outside orders. The goal would be to reach 80% of outside providers utilizing this website and standardized order form to send their orders to WDH. If this approach was taken and 80% success rate is met, that means that 80% of outside physician orders would flow directly into an Epic workqueue to be worked by WDH staff.

The 20% of orders that would not be sent via Epic Carelink would continue to come to WDH via e-fax, although this process would change slightly as well. When the Financial Clearance Order Control staff member receives these orders they would follow the same steps in verification of the order as they currently do but if there is any missing or invalid

pre-authorization information they would route the order to the internal WDH pre-authorization team to authorize the order. If the order contains any missing demographic or insurance information they will reach out to the practice via phone to obtain missing information. This process of internally pre-authorizing instead of sending back to the ordering practice would be applicable to all orders whether they come in via Epic Carelink or e-fax.

Project Result Option Two: A Refined Current Process

The second option for results of refining the Order Control role would not involve additional software use but would require additional assistance from pre-existing WDH internal departments. In this option 100% of outside orders would still come to WDH via e-fax. The Financial Clearance Order Control Staff person will continue to verify that the orders coming into e-fax contain all of the appropriate demographic, insurance and prior authorization information needed to properly financially clear and schedule the procedure.

There are two steps that would change to streamline this process, the first is if the authorization is missing or is invalid. Instead of sending orders with invalid authorization information back to the practice and relying on the practice to fix and return in a timely manner, the Order Control staff member will route these orders needing additional pre-certification to the appropriate internal WDH pre-certification team to obtain valid authorization. The second step that will change is if there is missing demographic or insurance information, instead of communicating this back to the outside practice via e-fax. The Outside Order Control staff member will call the practice directly to update the information on the order. This will allow a front desk or scheduling staff person to provide them with the updated information in real time if possible to avoid any delays in scheduling at WDH.

Implications

The results of the project will depend on what is available to us at WDH. Although it seems possible per our contact at MGH for us to utilize Epic Carelink in our own capacity, it may not be possible. Because WDH is a part of a large corporation, decisions in software usage and change often need to be approved by many committees before they can be implemented. Utilizing Epic Carelink will be the most beneficial option for WDH outside orders because it will allow these orders to flow directly into the Epic software. In the current process these orders are manually entered by another staff member after scheduling. The portal will also allow WDH to have requirements surrounding what a practice includes in their outside order. This is beneficial because it will decrease the likelihood of missing or invalid information which will prolong the process of the patient getting scheduled for their service.

Although utilizing the Epic Carelink software is the most favorable approach in refining the Outside Order process, it will be a much more lengthy process to implement. WDH will have to work with the Epic e-Care team to create the software specific to WDH, along with an outside order template. The process to create Epic add ons is usually a few months' process, during that time frame WDH will also have to work to communicate with the outside practices to pitch using the online portal to send their orders. The goal is 80% success rate and an even higher goal will be to have providers using the portal right at go-live.

Depending on the timeline received if WDH can move forward with Epic Carelink it may be decided to temporarily implement using Option Two while the software is being built. Option Two does not have many differences than the current workflow and would allow patients procedures from outside practices to reach the scheduling team at a much faster rate if they are

missing information. Option Two is an easy process improvement implementation that would at least benefit patients in the short term while waiting for Option One to be available for usage.

Challenges and Accomplishments

The biggest challenge in this project was finding the correct people to connect with a MGB. The organization is such a large network and each facility has a little bit of a different hierarchical structure. Since the organization is a bit different it was difficult to explain to the main contact the exact information we were looking for in order for them to connect us to the most appropriate manager. After a few different meetings with management that provided us with valuable information, but not the most applicable information, we were finally able to connect with the Manager that introduced the Epic Carelink software to us. The biggest potential challenge is yet to come, if we discover that Epic Carelink is available to us, that system set up and implementation is going to become its own project in itself. Any software implementation requires the connection and timing of many departments, but it will be a challenge that is worth it in the long run.

The biggest accomplishment was discovering the Epic Carelink software and its potential capabilities for us. That was an unexpected option and turn of events towards the end of our research. WDH has been affiliated with MGB for many years now and on Epic software for four years and the possibility of utilizing this area of Epic has never been brought forth to WDH as something that may be beneficial to us. That is a general challenge in itself when switching softwares in a large organization. The staff who hold the expertise in the software does not always know what will benefit the facility the most but at the same time the facility is not aware of software capabilities. The result of this is still, years down the road, discovering new opportunities in software usage.

Recommendations

The recommendations for this project are to move forward with utilizing Epic Carelink software if possible for the Outside Order Control process. This software will create the integration into Epic that the role is lacking and that slows down scheduling for patients. WDH is working towards utilizing this recommendation, a meeting is scheduled for December 5th, 2022 to learn more about the software and if it can become available to our facility. The results of that meeting will really determine the next steps and how this project will move forward. Regardless of software utilization or refining the e-fax model, it will be extremely important for WDH to start utilizing their internal staff to work errors in prior authorizations for outside orders. This is crucial to minimize profit loss from lacking prior authorizations, minimize prior authorization denial rates, minimize the time patients are waiting to be scheduled for services, and to streamline WDH processes to match other MGB facilities processes as closely as possible.

References

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Appendix

Visio of WDH Current Outside Order Control Process



